## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If X 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date
Mailing Address 220 E Adams St	10 29 2012
Suite 200	Amount
City State Zip Code Springfield IL 62701	15014.16
Spirition 1	te Sought: House State: IL Senate District: 17
Name of Federal Candidate Supported or Opposed by Expenditure:  CHERI BUSTOS  Che	President  Support Oppose
Calendar Year-To-Date Per Election for Office Sought 210341.96	oursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee XPS Professional Services	Date 10 29 2012
Mailing Address 220 E Adams St	Amount
Suite 200	Amount
City State Zip Code Springfield IL 62701	15016.50 Transaction ID : SE.4924
Advertising - Radio (Also supports Rodney Davis)  Type	ce Sought: House State: IL Senate District: 13 President
Name of Federal Candidate Supported or Opposed by Expenditure:  DAVID MICHAEL GILL  Che	ck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought 217203.93	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	30030.66
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
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Signature	

## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 2 OF 2 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
New Prosperity Foundation; The	C C00488494
Check If X 24-hour report 48-hour report New report Amends report file	ed on Man / Dad / Yayayay
Full Name (Last, First, Middle Initial) of Payee	
XPS Professional Services	Date 10 29 2012
Mailing Address 220 E Adams St	
Suite 200	Amount
City State Zip Code	50500.00
Springfield IL 62701	Transaction ID : SE.4958
Advertising - Radio - Airtime and Production (also supports Plummer)	fice Sought: House State: IL Senate District: 12
Name of Federal Candidate Supported or Opposed by Expenditure:	President —
WILLIAM L JR ENYART	neck One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	sbursement For: Primary General  Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
	M M / D D / Y Y Y Y
Mailing Address	-
Ivialing Address	Amount
	Amount
City State Zip Code	117117117
Purpose of Expenditure Category/ Of	ffice Sought: House State:
Type	Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President
	neck One: Support Oppose
Calendar Year-To-Date Per Election	sbursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(	7 7 7
(c) TOTAL Independent Expenditures	80530.66
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gregory Baise	M = M / D = D / Y = Y = Y
[Electronically Filed] Date	10 30 2012
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